


SEP 15 2006

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 124854
Applicant(s): Cameron Brackett, et al			
Application No. 10/065,466	Filing Date 10/22/2002	Examiner Joseph T. Pan	Group Art Unit 2135
Invention: METHOD, SYSTEM, COMPUTER PRODUCT AND ENCODING FORMAT FOR CREATING ANONYMITY IN COLLECTING PATIENT DATA			
<p>I hereby certify that this <u>Petition for Extension of Time, Amendment Transmittal Letter, Response to Office</u> (Identify type of correspondence) Action dated 3/15/06</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>September 15, 2006</u> (Date)</p> <p><u>Diane E. Oates</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Diane E. Oates</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

P10/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 124854	
Applicant(s): Cameron Brackett, et al						
Application No. 10/065,466	Filing Date 10/22/2002	Examiner Joseph T. Pan	Customer No. 23413	Group Art Unit 2135	Confirmation No. 5645	
Invention: METHOD, SYSTEM, COMPUTER PRODUCT AND ENCODING FORMAT FOR CREATING ANONYMITY IN COLLECTING PATIENT DATA						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	25 -	25 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	5 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0845 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: 9/15/06			
Anne Davis Barry Reg. No. 47,408 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div> <div>_____ Signature of Person Mailing Correspondence</div> <div>_____ Typed or Printed Name of Person Mailing Correspondence</div>			
CC:						

P11LARGE/REV10